

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF HAWAI'I

NATIONAL ASSOCIATION FOR
GUN RIGHTS; RONDELLE AYAU;
JEFFREY BRYANT,

Plaintiffs,

v.

ANNE E. LOPEZ, in her official
capacity as Attorney General for the
State of Hawai'i,

Defendant.

Civil No. 1:22-cv-404-DKW-RT

**DECLARATION OF
CHRISTOPHER B. COLWELL,
M.D.**

DECLARATION OF CHRISTOPHER B. COLWELL, M.D.

I, Christopher B. Colwell, M.D., declare under penalty of perjury that the following is true and correct:

1. I am the Chief of Emergency Medicine at Zuckerberg San Francisco General Hospital and Trauma Center and Professor and Vice Chair in the Department of Emergency Medicine at the University of California at San Francisco School of Medicine. This declaration is based on my personal knowledge and experience, and if called as a witness, I could and would testify competently to the truth of the matters discussed in this declaration.

EXHIBIT "3"

2. I have been retained by the Department of the Attorney General, State of Hawaii, to render expert opinions in this case. I am being compensated at a rate of \$250 per hour.

BACKGROUND AND QUALIFICATIONS

3. I am currently the Chief of Emergency Medicine at Zuckerberg San Francisco General Hospital and Trauma Center and Professor and Vice Chair in the Department of Emergency Medicine at the University of California at San Francisco School of Medicine. I was previously the Chief of Emergency Medicine at Denver Health Medical Center and Professor and Executive Vice Chair in the Department of Emergency Medicine at the University of Colorado School of Medicine. I received my residency training in Emergency Medicine at Denver General Hospital in the Denver Affiliated Residency in Emergency Medicine and am board certified by the American Board of Emergency Medicine (ABEM) in both Emergency Medicine and Emergency Medical Service (EMS). I am currently licensed to practice medicine in the state of California.

4. I have over 25 years of experience treating gunshot wound victims in the Emergency Department at large urban level I trauma centers and in that time have treated over a thousand patients with gunshot wounds. I am qualified to offer opinions as to the physiologic trauma caused by gunshot wounds and other penetrating injuries.

5. I have provided expert testimony in *Worman v. Healey*, No. 1:17-cv-10107-WGY (D. Mass.), *Rupp v. Becerra*, No. 8:17-cv-00746-JLS-JDE (C.D. Cal.), *Miller v. Bonta*, No. 3:19-cv-01537-BEN-JLB (S.D. Cal.), and *Duncan v. Bonta*, No. 3:17-cv-1017-BEN-JLB (S.D. Cal.).

6. A list of my work history, educational background, publications, and expert witness testimony is included in my curriculum vitae, which is attached to this declaration as **Exhibit A**.

OPINIONS

7. I have experienced first-hand the extensive damage caused by assault weapons, and I have witnessed both victims and on occasion even shooters experience the horror of what these weapons can do.

8. In one instance, a man who had shot his girlfriend with an assault rifle said he had had no idea how destructive assault weapons can be. He admitted to me that he had used a newly acquired AR-15 in the shooting. I have seen the devastating impact these events have on the lives of my patients and their families. I have spoken extensively around the country on the experience of caring for victims of mass shootings and have testified as the treating physician on multiple occasions to describe the extent of injuries due to gunshot wounds from all weapons, including assault weapons, in criminal trials. I was subpoenaed in these

cases by the prosecuting district attorney and was not compensated for that testimony.

9. Firearm injuries are an important public health problem in the United States, accounting for more than 30,000 deaths each year in addition to significant illness and disability. I have extensive experience with the different wounds caused by assault and non-assault weapons and the consistently more serious nature of the injuries from assault weapons. Gunshot wounds from assault weapons, such as AR-15 platform rifles and Intratec TEC-9 pistols, tend to be higher in complexity with higher complication rates than such injuries from non-assault weapons, increasing the likelihood of morbidity in patients that present with injuries from assault weapons. In my experience, assault weapons—including assault pistols—tend to cause far greater damage to the muscles, bones, soft tissue, and vital organs. They are too often shredded beyond repair.

10. My first-hand experience treating victims of gunshot wounds includes being the physician at the scene of the Columbine High School shooting on April 20, 1999, in which a TEC-DC 9 pistol and a Hi-Point 995 rifle were used, and as an Emergency Department physician treating victims of the Aurora Theater shooting on July 20, 2012, in which an AR-15 rifle was used. I have treated many other patients that have been both victims and shooters of assault weapons, and have also treated many victims and shooters of non-assault weapons. While

significant injury can certainly result from non-assault weapons, my experience has been that individuals who have been shot by assault weapons tend to have more wounds and injuries that are far more extensive. These weapons cause significantly more damage and have resulted in higher morbidity and mortality than other weapons.

11. There is no doubt in my mind that victims of assault weapons are at far greater risk of both immediate and long-term complications. These complications include higher amputation rates and higher infection rates. A vivid example was a victim of a shooting from a Glock handgun who presented to our Emergency Department with an elbow wound. We were able to treat this wound and release the patient from the Emergency Department. Just three months earlier, I had seen a patient shot in the exact same spot with an AK-47 and the arm needed to be amputated just below the shoulder. This is just one example of the additional damage and destruction assault weapons cause, which I have witnessed in the course of treating trauma patients. In each of these examples, law enforcement informed me of the weapon used in the shooting.

12. Assault weapons, especially when equipped with large capacity magazines that can hold 30, 50, or even 100 rounds of ammunition, can fire more shots without reloading, causing more injuries per victim (and thus more

complications), and many of the most devastating injuries I have managed in my over 25 years of experience treating gunshot wound victims.

13. It is my opinion that while all weapons pose risk, assault weapons—including assault pistols—especially when equipped with large capacity magazines, pose a far greater risk to the public from a medical standpoint than non-assault firearms.

I declare under penalty of perjury that the foregoing is true and correct.

DATED: San Francisco, California, February 14, 2023.



CHRISTOPHER B. COLWELL, M.D.